MONTANA BOARD OF BEHAVIORAL HEALTH
PO Box 200513 (301 S Park, 4th Floor)
Helena, MT 59620-0513
LICENSING PHONE: (406) 444-5773 FAX: (406) 841-2305
EMAIL: dlibsdcdc@mt.gov **WEBSITE**www.bbh.mt.gov

APPLICATION PROCEDURE

FEES:

- The application fee for licensure by exam and licensure by credential is $250.00. License by credential means the applicant holds an addiction counselor credential in another state. The fee covers the cost of the Addiction Counselor License Candidate (ACLC) **and** the Licensed Addiction Counselor (LAC) credential.
- Please consider making licensure application on-line at https://ebiz.mt.gov/pol/. The on-line application fee is paid by debit or credit card. Pease use this document as a guide as you complete the online application.
- Payment must be included with applications submitted by mail. The paper application begins on page 7 of this document. Fees are made payable to the Montana Board of Behavioral Health by check, money order, or cashier's check. Do not send cash.
- All application fees are NON-REFUNDABLE and must be received with your application to insure proper processing.
- Submission of fees and application does not ensure issuance of a license.

CANDIDATE PROCEDURE 24.154.501 ARM

- All licensure applicants shall first qualify and receive an Addiction Counselor Licensure Candidate credential (ACLC) by completing an application.
- A candidate credential must be issued within one year of the *filing of the application*. If the candidate credential is not awarded within one year, the application will expire. The applicant will be required to re-apply for licensure, pay a new fee, and meet all of the current requirements.
- Applicants may not accrue clinical hours until the Candidate Credential is issued by the Board.
- You will be required to scan and upload several documents to your online record. Forms are included in this document as well as on the website at www.bbh.mt.gov. Required forms: Verification of Education, pages 8-9, Training and Supervision Training Plan, pages 10-11, Supervisory Agreement, Pages 12-13, License Verification if you hold ANY regulated credentials either in-state or out-of-state, pages 19-20.

EDUCATION REQUIREMENTS:

- Applicants shall complete educational requirements according to MCA 37-35-202(2) (a)-(b), MCA 37-35-202(9), and 22-154-405 ARM.
- All applicants must complete the Verification of Education forms, pages 8 and 9 of this document.
- It is the applicant's responsibility to ensure that official transcripts, including the degree awarded and date conferred, are sent directly from the educational institution to the Montana Board of Behavioral Health.
- It is common for addiction specific hours, page 9, to be earn through academic coursework. It is also common that the course title does not specifically identify the addiction hours. In order to receive credit for these hours it is recommended that applicants scan and upload the course syllabi with the content areas highlighted. DO NOT SUBMIT SYLLABI THAT ARE NOT HIGHLIGHTED.
- Addiction specific contact hours, page 9, if completed by conference, workshops, in-service or distance learning, shall be submitted with the application prior to issuance of the Candidate Credential, 22-154-405(3) ARM. Certificates of completion along with the training agenda will serve to verify the hours and may be scanned and uploaded to your record via your on-line account.

SUPERVISION

- Candidates shall only accrue work experience hours after the Addiction Counselor Licensure Candidate, ACLC, license has been issued by the Board office.
- Supervised work experience shall be completed according to the Clinical Supervision Contract, page 12-13, and the Training and Supervision Plan, page 10-11, 24-154-407(1)(d) ARM and 24-154-409 ARM. Forms may be completed, scanned and uploaded to the applicant's on-line application.
- Clinical hours must be accrued in a qualified treatment setting, 24-154-413 ARM and under an approved Supervisor, 24-154-412 ARM.
- Significant changes to Supervisors or the Supervision Training Plan must be submitted to the Board for prior approval. 24-154-501 ARM. Candidates may not commence work under a new supervisor until the new supervisor and plan have been approved.
- In the event a Supervisory Contract is terminated, Supervisors are encouraged to provide written notification of the termination to the Board office.
- Weekly time sheets, page 17, Supervision Summary Forms, page 18 may be scanned and uploaded to the candidate's on-line record.
- ***Supervisors are required to provide a SUPERVISOR SUMMARY narrative that includes content demonstrating the licensure candidate's developing competence in the 11 content areas listed on page 18.***

EXAMINATION INFORMATION: 24-154-407(5) and (6) ARM.

- Candidates must pass the National Certified Addiction Counselor I or II (NCAC I or NCAC II) exam prior to licensure.
- Candidates will register with NCC AP at http://www.webassessor.com/naadac/index.html AFTER the Board office has received and approved the clinical supervision hours.
- A Candidate will be made eligible to test and receive authorization to test from NCC AP after they have registered.
- When the Board office receives the Candidate's test results from NAADAC, the Candidate will be issued a license if a passing score is received, or given a candidate performance report for a failing score.
- Candidates must wait 7 days to register to retake the NCAC exam.
- Northwest Certification II, Southwest Certification II or an equivalent exam approved by the Board may also be accepted for addiction counselor licensure. Candidates must submit verification of test scores directly from the exam vendor to the Board office.
- Passing scores from approved exam vendors will be accepted if the exam was taken as part of the Candidates academic training and within the past 4 years.

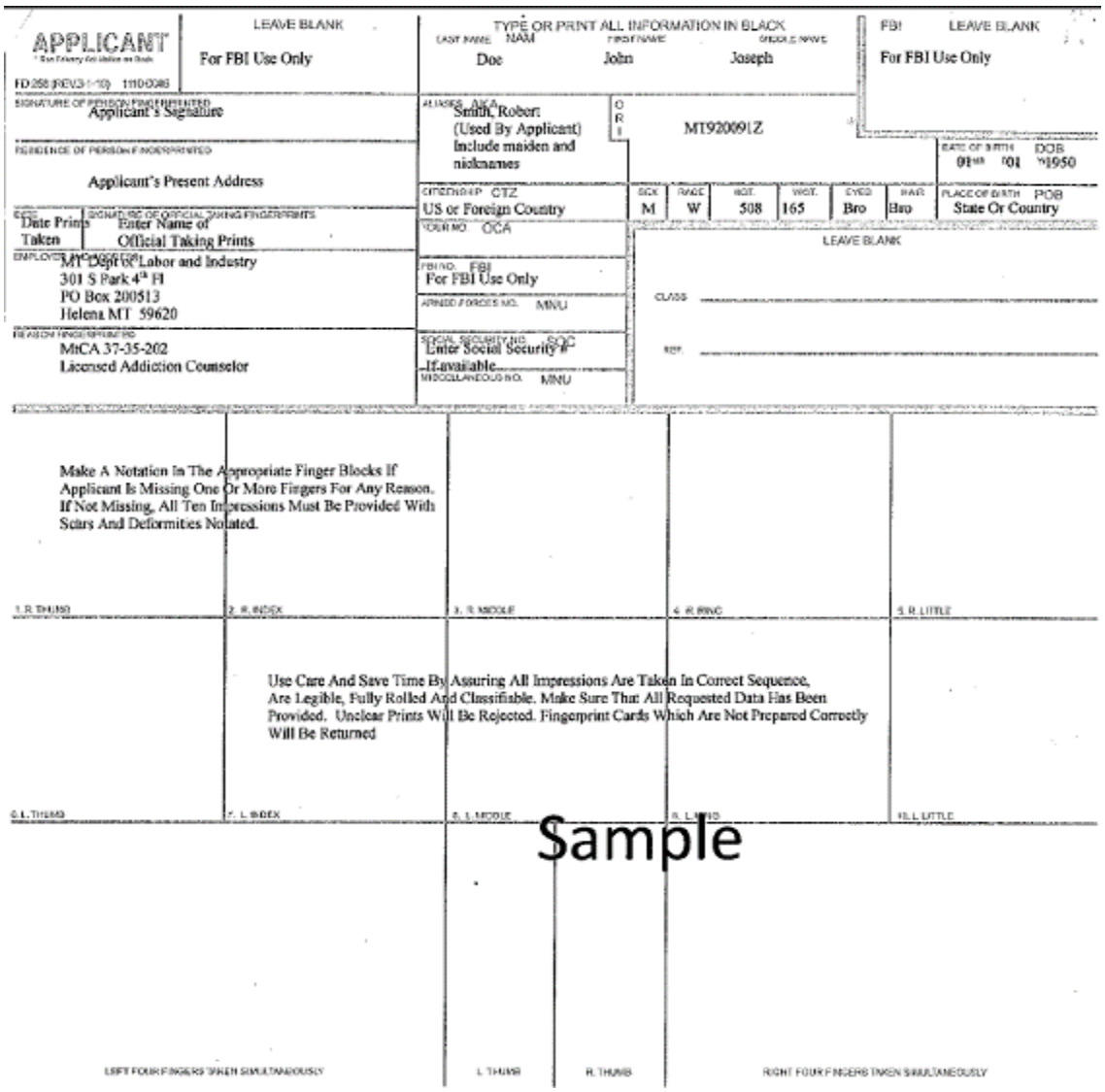
FINGERPRINT/BACKGROUND CHECK PROCESS:

- Read and sign the Noncriminal Justice Applicant's Rights form, following page.
- Fingerprint cards are available from most local law enforcement agencies and the Montana Department of Justice (DOJ). BELOW IS A SAMPLE. Complete the information requested at the top of the fingerprint card as it appears below prior to having your prints taken and include the following information:

  EMPLOYER AND ADDRESS: Board of Behavioral Health, PO Box 200513, Helena, MT 59620-0513

  REASON FINGERPRINTED: Licensure under 37-35-202(7) MCA, Licensed Addiction Counselor

  ORI: MT920091Z
- Most local law enforcement agencies will take your fingerprints for a nominal fee. It is recommended that you have digital prints taken if possible. The risk of rejection for unreadable prints is reduced. After paying this fee and having your fingerprints taken, send the completed fingerprint card along with a check or money order for $27.25 made payable to the "Montana Department of Justice" and mail it to Montana Criminal Records, 2225 11th Avenue, PO Box 201403, Helena MT 59620-1403. Please check with your local post office and add accurate postage prior to mailing.
- If DOJ rejects your first fingerprint card as "unreadable," the Board office will notify you and you will need to re-submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.
- **Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Behavioral Health. Your application will not be considered complete until the CHRI is received from the DOJ.**



NON-CRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[8] by Board of Behavioral Health that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.[9]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[10]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks .

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

Signed Name: _____ Date: _____

Printed Name: _____

8 Written notification includes electronic notification, but excludes oral notification.
9 See 28 CFR 50.12(b).
10 See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

ADDICTION COUNSELOR LICENSURE CANDIDATE ANNUAL REGISTRATION REQUIREMENTS, 24.154.507 ARM

- Individuals shall register annually as an Addiction Counselor Licensure Candidate (ACLC) on or before June 30. An individual may register as an Addiction Counselor Licensure Candidate for up to three years from the date the Candidate's original Candidate license was issued.
- Candidates licensed after April 1st in any calendar year will not be required to register again until June 30th of the following calendar year.
- After the third registration, an Addiction Counselor Licensure Candidate must request permission for an additional registration, which the Board may grant on a case-by-case basis.
- Continuing education credits ARE NOT required to re-register the ACLC credential.

LICENSURE OF OUT-OF-STATE ADDICTION COUNSELOR APPLICANTS, 24.154.408 ARM

- A license to practice as a Licensed Addiction Counselor in Montana may be issued to the holder of an out-of-state Licensed Addiction Counselor or equivalent license at the discretion of the Board, provided the applicant completes and files with the Board an application for licensure and pays the required application fee. The applicant shall:
  - hold a valid and unrestricted license to practice as a Licensed Addiction Counselor or equivalent in another state or jurisdiction that was issued under standards substantially equivalent to or greater than current standards in this state. Official written verification of such licensure status must be received by the Board directly from the other state(s) or jurisdiction(s), Verification of Licensure is attached, pages 19-20 and on the Board website,
- Hold a degree, which meets the requirements of MCA 37-35-202(2) (a)-(b), MCA 37-35-202(9), and 22-154-405 ARM.
  - and shall supply a copy of the official transcript sent directly from an accredited college, university, or institution,
  - complete the Education Verification forms, page 8-9 of this document,
  - supply proof of successful completion of the National Association of Alcoholism and Drug Abuse Counselors Certification Commission Level 1 or Level 2 examination, the Northwest Certification II examination, or the Southwest Certification II examination or another Board-approved licensing examination. The applicant's scores on the examination must be forwarded directly to the Board office,
  - submit proof of completion of the hours of addiction counseling experience required in 24.154.409 ARM The applicant may verify the experience hours by affidavit and need not supply a Supervisor's signature upon reasonable explanation of why the Supervisor's signature is unavailable to the applicant,
  - submit proof of continuous practice as a Licensed Addiction Counselor or equivalent in another jurisdiction for the two years immediately preceding the date of application in Montana, and
  - answer questions about the applicant's character and fitness to practice on a form prescribed by the Board, and provide all information required by the Board in response to these questions.
- All applicants must submit the fingerprint and background checks required by the Board.
- An out-of-state applicant for licensure in Montana may be granted a temporary permit to practice addiction counseling, provided:
  - the applicant has submitted a completed application and the initial screening by Board staff shows the current license is in good standing and not on probation or subject to ongoing out-of-state disciplinary action.
    - The temporary permit will remain valid until a license is granted or until notice of proposal to deny license is served, whichever occurs first.
    - In the event that neither contingency has occurred within one year of issuance of the temporary permit, the temporary permit shall expire and may not be renewed.

VERIFICATION OF LICENSURE (Proof of licensure from other jurisdictions, if applicable):

- The applicant is responsible for requesting official verification from their original state of addiction counselor licensure and ALL professional licenses held, regardless of status. Forms are included on page 19 and 20 of this document and on the website.
- Photocopies of licenses do not qualify as official verification and should not be included with

your application.

RENEWAL:

- All licenses, including Candidate licenses expire on June 30th every year.
- Renewal notices are mailed 45 days prior to the expiration date to your address of record. Change of address form is available at www.bbh.mt.gov, under the Forms tab.
- All credentials regulated under the Board of Behavioral Health, LCSW, LCPC, LMFT and LAC, licensed in Montana must maintain proof of 20 continuing education credits per year.

NON-ROUTINE APPLICATIONS:

- If the completed application is deemed non-routine, there may be a delay in processing.
- The Board may request that you provide additional information, and you may be requested to be available in person or by phone for the Board during a regularly scheduled board meeting.
- A complete application must be received by the Board 30 business days prior to a scheduled board meeting. Please refer to our website for Board meeting dates.

IMPORTANT INFORMATION FOR ALL APPLICANTS AND CANDIDATES:

- It is critical to your licensure to not withhold any information regarding each question on the application.
- The applicant will be notified of any deficiencies in their application. The preferred mode of communication is e-mail. Please maintain a current e-mail address with this office as part of your record.
- The licensure status can be viewed at https://ebiz.mt.gov/pol/
- It is the responsibility of the applicant to keep the Board office informed of any name changes, address and e-mail changes, changes in licensure status, complaints or proposed disciplinary action against you in this or any other state. The change of address form is available at www.bbh.mt.gov, under the Forms tab.
- The practice of social work, professional counseling, marriage and family therapy, and addiction counseling in Montana is governed by the Board's Statutes and Administrative Rules. These are found at www.bbh.mt.gov, under the Regulations tab.

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. Application Fees must be paid before your application can be reviewed. *When the Board has all necessary documentation, your application will be processed.* Incomplete applications expire 12 months from the date received by the Board of Behavioral Health.

ADDICTION COUNSELORS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE.

THE PAPER APPLICATION FOLLOWS:

MONTANA BOARD OF BEHAVIORAL HEALTH
PO Box 200513 (301 S Park, 4th Floor) Helena, MT 59620-0513
LICENSING PHONE: (406) 444-5711 FAX: (406) 841-2305
EMAIL: dlibsdcdc@mt.gov **WEBSITE: or**www.bbh.mt.gov

Application for Licensure by Examination or Credential (check one):

EXAM - $250.00 **Credential** - $250.00

Allow 30 business days from the date the Board office has received all required documentation for processing a routine application, which includes being made eligible to test.

PLEASE PRINT OR TYPE

1. FULL NAME: _____
   Last First Middle
2. SOCIAL SECURITY NUMBER: _____
3. OTHER NAME(S) KNOWN BY (i.e. maiden name):_____
4. DATE OF BIRTH:_____
5. GENDER: Female Male
6. MAILING ADDRESS: _____

   City _____ State _____ Zip Code _____
7. EMAIL ADDRESS: _____
   (Email is the Board's primary method of communication)
8. TELEPHONE Home:_____ Mobile:_____Business:_____
9. Organization Name: _____
10. Organization Address:_____

11. ADDICTION EDUCATION

Name of college/university attended: _____

City _____State _____

Country (If other than the United States) _____

Date of completion of approved education program (MM/DD/YYYY):_____

Type and name of the degree or certificate earned:

Associate Degree:_____Baccalaureate Degree: _____

Master's Degree:_____ Certificate: _____

Other (Please Specify) _____

Verification of Education

- Education requirements appear in MCA 37-35-202(2) (a)-(b), MCA 37-35-202(9), and 22-154-405 ARM.
- Have you completed one of the following educational programs from ***an accredited college or university***? Yes ☐ No ☐
  - an Associate of Arts degree in alcohol & drug studies, or substance abuse, or
  - a Baccalaureate degree or an advanced degree in alcohol & drug studies, psychology, sociology, social work, or counseling, or
  - a "comparable degree" is defined as a Bachelors or advanced degree that include the hours ***in the chart below***. The credit hours specific to the "comparable degree" may be obtained in an Associate or Master's degree program if the applicant does not have a qualifying Baccalaureate degree.

CONTENT AREA REQUIREMENT	COLLEGE OR UNIVERSITY	COURSE #	COURSE TITLE	Semester or quarter hours earned	Board Use
Human Behavior, Sociology, Psychology or similar emphasis 6 semester credit, or					
Psychopathology or coursework exploring patterns & courses of abnormal or deviant behavior 3 semester credit, or					
Group Counseling 6 semester credit, or 9 quarter credits					
Theory of Counseling 3 semester credit, or					

- If a course title or training is not clearly indicative of the required academic content areas on the following 2 charts, please attach a college catalog description or course syllabi or both indicating that specific content is included.
- **You may not duplicate credit hours**. If a course is utilized for one content area, it may not be used again.

- All applications must include 330 hours of coursework or training specific to substance use disorder. The hours must be acquire in the following areas. These hours may be earned through academic course work or by completed conferences, workshops, home study or distance learning. Please include official transcripts, certificates of completion & course agenda for all addiction specific hours. (One Semester Credit is equal to 15 clock hours. One Quarter Credit is 10 clock hours.

CONTENT AREA REQUIREMENT	COLLEGE OR UNIVERSITY	COURSE #	COURSE TITLE	Semester, quarter or clock hours earned	OFFICE USE ONLY
Addiction Assessment 60 clock hours, 4 semester credits, or 6 quarter credits					☐ Complete ☐ Incomplete
Addiction Counseling 90 clock hours, 6 semester credits, or 9 quarter credits					☐ Complete ☐ Incomplete
Pharmacology 30 clock hours, 2 semester credits, or 3 quarter credits					☐ Complete ☐ Incomplete
Ethics for Addiction Counselors 15 clock hours, 1 semester credits or 1½ quarter credit					☐ Complete ☐ Incomplete
Alcohol and Drug Studies 30 clock hours, 2 semester credits, or 3 quarter credits					☐ Complete ☐ Incomplete
Addiction Treatment Planning & Documentation 30 clock hours, 2 semester credit, or 3 quarter credits					☐ Complete ☐ Incomplete
Multi-cultural Competency 15 clock hours, 1 semester credit, or 1½ quarter credits					☐ Complete ☐ Incomplete
Co-Occurring Disorders 30 hours, 2 semester credits, or 3 quarter credits					☐ Complete ☐ Incomplete
Gambling/gaming Disorders Assessment & Counseling 30 hours, 2 semester credits, or 3 quarter credits					☐ Complete ☐ Incomplete

MONTANA BOARD OF BEHAVIORAL HEALTH
TRAINING AND SUPERVISION PLAN - A.C.L.C.

The Montana Board of Behavioral Health application for all credentials requires completion & submission of a Training and Supervision Plan. Please submit this form along with the Candidate application to the Board of Behavioral Health at 301 South Park, 4th Floor, P.O. Box 200513, Helena, MT 59620-0513 or it may be uploaded to your on-line application at https://ebiz.mt.gov/pol/default.aspx.

APPLICANT INFORMATION	**SUPERVISOR INFORMATION**
Applicant Name:	Supervisor Name:
Applicant eligibility date: (completion date of education)	Credential & Licensure status:
Projected start date:	Supervisor eligibility date:
Supervision Site(s):	Site Location if different than Applicant:

☐ **A Supervisor minimum qualifications:**

- A Supervisor is a Licensed Addiction Counselor or professional trained in a related field. *(A copy of licensure **must** be attached to this document **only if** the Supervisor is an out-of-state professional.)*
- Verification that any and all licenses held by the Supervisors in all jurisdictions are unrestricted with no pending discipline.
- Supervisor must hold an active and current license in good standing, which was issued by the licensing board or other officially recognized licensing body of the state where supervision occurs.
- Supervisor must have three (3) years of post-licensure experience in a clinical setting.

☐ **Licensure Candidate and Supervisor supervision guidelines:**

- The supervisor's relationship with the applicant or licensure candidate shall not constitute a conflict of interest, such as, but not limited to, being in a cohabitation or financially dependent relationship with the applicant or licensure candidate, or being the applicant's or licensure candidate's parent, child, spouse, or sibling.
- A record of supervision must be maintained by the applicant or licensure Candidate. Board approved logs are included on page 17 and 18 of this document and posted on the website. The record of supervision for Addiction Counselor Licensure Candidates must include:
  - name of applicant or licensure Candidate, name of Supervisor (including type of license and number), and signatures of both;
  - content summary (excluding confidential information);
  - content demonstrating the applicant's or licensure candidate's developing competence; and
  - attestation of the record of supervision by the supervisor.
- The Supervisor and Candidate must attest to the above under penalty of law. Falsification or misrepresentation of any of the above may be considered misrepresentation and a violation of professional ethics, which may result in discipline of the Supervisor's license.
- All professional communications, both private and public, including advertisements, shall clearly indicate the supervisee's non-licensed status

- Licensure candidate must provide an update to the Board within 10 business days if there is a substantial change in the candidate's training and supervision plan prior to commencing supervised work experience under a new Supervisor.
- An updated training and supervision plan or change in Supervisor does not require additional Board approval unless there is reason to believe the update does not conform to the Board's training and supervision requirements.
- The licensure Candidate and Supervisor(s) are responsible for ensuring that the Licensure Candidate and Supervisors comply with the requirements, statutes, rules, and standards pertaining to their practice at all times.
- The licensure Candidate must maintain the record of supervision which may be requested by the Board at any time.
- Individuals shall register annually as a Licensure Candidate on or before June 30th. An individual may register for up to three years from the date the candidate's original candidate license was issued. Candidates licensed after April 1 in any calendar year will not be required to register again until June 30 of the following calendar year. After the third registration, an addiction counselor Candidate must request permission for an additional registration, which the Board may grant on a case-by-case basis.

Signature of Licensure Applicant: _____Date: _____

Signature of Licensed Supervisor: _____Date: _____

SUPERVISION AGREEMENT for
Addiction Counselor Licensure Candidate (ACLC)

The Montana Board of Behavioral Health application for all credentials requires completion & submission of a Supervision Agreement. Please submit this form along with the candidate application mailed to the Board of Behavioral Health at 301 South Park, 4th Floor, P.O. Box 200513, Helena, MT 59620-0513 or it may be uploaded to your on-line application at https://ebiz.mt.gov/pol/default.aspx.

The Supervision Agreement is between the licensure Candidate and Supervisor. Candidates shall have a supervision agreement with each supervisor providing supervision during the process of accruing work experience hours.

APPLICANT INFORMATION	**SUPERVISOR INFORMATION**
Applicant Name:	Supervisor Name:
Applicant eligibility date: (the date your education was complete)	Credential & current licensure status:
Projected start date :	Supervisor eligibility date:
Supervision site(s)	Site location if different than applicant

PLEASE PROVIDE THE TERMS OF THE SUPERVISORY AGREEMENT:

Duties and obligations of the Candidate:_____

_____

_____

_____

_____

_____

_____

Duties and obligations of the Supervisor:_____

_____

_____

_____

_____

_____

Frequency of supervision: _____

Duration of supervision: _____

Method of supervision: _____

Termination provision: _____

The Applicant and Supervisor have read, understand, and acknowledge the requirements of the Supervisory Agreement and the Training and Supervision Plan. Both have been approved by the Applicant and the Supervisor.
In signing below, the Applicant and the Supervisor attest to the terms of the agreement, compliance with applicable patient privacy laws, confirmation that the qualifications of the supervisor are in accordance with ARM 24.154.301(11), and confirmation that they understand that the Licensure Candidate and Supervisor are responsible for ensuring that the Licensure Candidate and Supervisor comply with the requirements of their profession at all times.

_____ _____
Applicant Signature Date

_____ _____
Clinical Supervisor Credential and Signature Date

12. List all professional licenses that you have held. If you need additional space, you may attach a separate sheet of paper. Failure to list all licenses constitutes a falsification of your application and may result in denial and/or disciplinary action.

State	License #/Type	Issue Date	Expiration Date	License Method	Requested State Verification
				Exam Endorse Other	Yes No
				Exam Endorse Other	Yes No
				Exam Endorse Other	Yes No
				Exam Endorse Other	Yes No

13. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

14. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

15. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No

16. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation r disciplinary proceedings or actions. If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

17. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

18. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No

19.	Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fine of less than $200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.	Yes	No
20.	Have you ever been diagnosed with substance use disorder or another addiction, or have you participated in an addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.	Yes	No
21.	Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.	Yes	No
22.	Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source.	Yes	No
23.	Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.	Yes	No
24.	Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.	Yes	No
25.	Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc.)? If yes, please attach a detailed explanation and provide supporting documentation from the source.	Yes	No
26.	Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source.	Yes	No
27.	Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source	Yes	No

28. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. Yes No

29. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc.) If yes, please attach a detailed explanation and provide documentation from the source. Yes No

30. Your choice of licensure exam:
NAADAC Level I ☐ NAADAC Level II ☐ Northwest Level II ☐ Southwest Level II ☐ Other ☐

DECLARATION

I authorize the release of information concerning my education, training record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Behavioral Health. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant:_____ Date:_____

WEEKLY TIME SHEET

- Candidates are required to complete 1000 hours of work experience in no less than seven months.
- Candidates are permitted to complete work experience in no more than two treatment settings.
- Candidates must maintain **Weekly Time Sheets** and both Candidates and Supervisors must verify and attest to the hours by signing the statement on the **Supervision Summary Sheet**.
- One **Supervision Summary Sheet per Supervisor** will be attached to the multiple Weekly Time Sheets. Forms will be submitted to the Board office at the completion of the required 1,000 hours. Candidates are encouraged to complete, scan and upload all forms to their on-line record.

CANDIDATE: _____ Week Of: _____

Content Areas	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total This Week	Total Prior to This Week	TOTAL TO DATE
Screening: 30 hours. required										
Assessment/patient placement: 100 hours required										
Treatment Planning: 50 hours required										
Referral: 20 hours required										
Case Management: 50 hours required										
Individual Counseling: 60 hours required										
Group Counseling: 100 hours required										
Client Education: 35 hours required										
Documentation: 35 hours required										
Professional & Ethical Responsibilities: 10 hours required										
Cultural Competency: 10 hours required										
TOTALS										

SUPERVISION SUMMARY SHEET

_____

TREATMENT SETTING

SUPERVISION START DATE

SUPERVISION COMPLETION DATE

Counselor Skill Groups Minimum hours required	**Minimum Hours Earned**	**Additional Hours Earned**	**Total Hours Accumulated**
Clinical Evaluation Screening - 30 Hours			
Assessment/Patient Placement -100 Hours			
Treatment Planning - 50 Hours			
Referral - 20 Hours			
Case Management - 50 Hours			
Individual Counseling -60 Hours			
Group Counseling - 100 Hours			
Client Education - 40 Hours			
Documentation -40 Hours			
Professional/Ethical Concerns - 10 Hours			
Multi-Cultural Competencies 12 Hours			
	500 minimum hours of supervision		**TOTAL HOURS OF SUPERVISED EXPERIENCE**

As a Licensure Candidate or Supervisor, and by my signature below, it is understood that I am responsible for compliance with the supervision requirements of the addiction counselor profession. I hereby declare under penalty of perjury the information included in my supervision records to be true and complete to the best of my knowledge. In signing this application, I am aware that false information or statements may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession.

Addiction Counselor Licensure Candidate, ACLC

Date

Supervisor

Date

Supervisors are required to provide a SUPERVISOR SUMMARY that includes content demonstrating the licensure candidate's developing competence in the content areas. Please provide a narrative that addresses each of the 11 content areas.

Helena MT 59620-0513
(406) 841-2300 FAX (406) 841-2305

REQUEST FOR VERIFICATION OF MONTANA LICENSURE AND/OR EXAMINATION

Fee: $20.00

(Make check of money order payable to the Board to which you are making the request.)

Official verification reports are provided to another state licensing board, jurisdiction, or individual for confirmation of licensure or exam passage in the State of Montana. Please allow 5 business days for the verification to be completed and sent to the recipient.

Name: _____

Date of Birth: _____

Preferred Mailing Address: _____

_____

City/State/ZIP: _____

Is this a change of address? Yes___No___
(Please note that some licensing boards may require a separate form for change of address.)

Licensing Board: _____

Verification Requested: Exam_____License_____
Exam Name, Month/Year License Number

SEND COMPLETED VERIFICATION TO: (If different than above)

Name: _____

Address:_____

_____

City, State (or Province): _____

ZIP or Postal Code:_____ Country: _____

THIS PORTION TO BE COMPLETED BY BUSINESS STANDARDS DIVISION STAFF:

Fee received? _____Verification sent?_____Date sent:_____

Montana Department of LABOR & INDUSTRY
Business Standards Division

LICENSE VERIFICATION REQUEST FORM

Official verification reports are provided to another state licensing board, jurisdiction, or individual for licensure confirmation status in the State of Montana. A fee of $20.00 must accompany this request. Once received, the verification will be completed within five (5) business days. Please complete the following:

LICENSING BOARD OR PROGRAM VERIFICATION IS REQUESTED FROM:

- ◯ Board of Alternative Health Care
- ◯ Board of Athletic Trainers
- ◯ Board of Behavioral Health
- ◯ Board of Chiropractors
- ◯ Board of Clinical Laboratory Science Practitioners
- ◯ Board of Dentistry
- ◯ Board of Funeral Service
- ◯ Board of Hearing Aid Dispensers
- ◯ Board of Massage Therapy
- ◯ Board of Medical Examiners
- ◯ Board of Nursing
- ◯ Board of Nursing Home Administrators
- ◯ Board of Occupational Therapy Practice
- ◯ Board of Optometry
- ◯ Board of Pharmacy
- ◯ Board of Private Alternative Adolescent Residential or Outdoor Programs
- ◯ Board of Physical Therapy Examiners
- ◯ Board of Psychologists
- ◯ Board of Radiologic Technologists
- ◯ Board of Respiratory Care Practitioners
- ◯ Board of Speech-Language Pathologists and Audiologists
- ◯ Board of Veterinary Medicine

License Number _____ Name of Montana License _____

Date of Birth _____ License Type _____
(i.e., Naturopath, Dentist, LPN, Social Worker, etc.)
NOTE: For Physicians (MD/DO) and Physician Assistants, please contact www.veridoc.org

Preferred Mailing Address _____
PO BOX # OR STREET ADDRESS CITY STATE ZIP

SEND COMPLETED VERIFICATION TO:

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Please mail this completed request with the $20.00 fee made out to the appropriate Licensing Board.
(NAME OF BOARD OR PROGRAM)
PO BOX 200513
HELENA MONTANA 59620-0513

Please note: any returned check will be assessed a fee of $30.00. This includes "NSF", "Payment Stopped" and "Signatures Missing".